

It is the intent of the tank(s) owner, to Permanently Close the tank(s) listed below in the manner indicated.
All tanks will be empty and clean, free of all liquids and sludges as required in 40 CFR, Part 280.71 (b).

NOTIFICATION OF TANK CLOSURE

OWNERSHIP OF TANK(S)		LOCATION OF TANK(S)	
Name: <u>ESTATE OF IDNE K. OWENS</u> <u>KAY OWENS HANCOCK, EXAL.</u>	Site Name:		
Address: <u>4700 BIRGEHEATH RD</u> <u>KERNERSVILLE N.C.</u>	Address: <u>300 WAUGHTOWN ST.</u> <u>WINSTON-SALEM N.C.</u>		
Phone Number: <u>1-919-788-8156</u>	County: <u>FORSYTH.</u>		

TANKS FOR CLOSURE			
TANK NUMBER	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
Tank 1	<u>APPROX. 750 GAL</u>	<u>KEROSENE</u>	<u>To Be Removed</u> To Be Filled
Tank 2	<u>APPROX. 1000 GAL</u>	<u>GAS</u>	<u>To Be Removed</u> To Be Filled
Tank 3	<u>APPROX. 1000 GAL</u>	<u>GAS</u>	<u>To Be Removed</u> To Be Filled
Tank 4			<u>To Be Removed</u> <u>To Be Filled</u>
Tank 5			<u>To Be Removed</u> <u>To Be Filled</u>

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:			
(Contractor) Name: <u>BEAUCHAMP INC.</u>			
Address: <u>6080 LURA RD</u> <u>WINSTON-SALEM N.C.</u>		State: <u>N.C.</u>	Zip: <u>27104</u>
Contact: <u>TONY BEAUCHAMP</u>		Phone: <u>1-919-945-5203</u> <u>or 3909</u>	
<input checked="" type="checkbox"/> Is this operator knowledgeable of the requirements for the removal/filling of underground storage tanks ?			
<input checked="" type="checkbox"/> Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 (f) ?			
<input type="checkbox"/> Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 (e) ?			

TANK(S) CLOSURE ASSESSMENT TO BE PERFORMED BY:			
(Contractor) Name: _____			
Address: _____		State: _____	Zip: _____
Contact: _____		Phone: _____	
<input type="checkbox"/> Is this operator knowledgeable of requirements for the closure assessment in 40 CFR, Part 280.72 ?			
<input type="checkbox"/> Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 (f) ?			
<input type="checkbox"/> Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 (e) ?			

NOTIFICATION SUBMITTAL / NOTIFICATION DATE	
Name: <u>TONY BEAUCHAMP</u>	Scheduled Removal Date: <u>AS SOON AS POSSIBLE</u>
Signature: <u>Tony Beauchamp</u>	Date Submitted: <u>3-30-90</u>

Tank owners are required to notify the implementing state agency at least 30 days before a Permanent Tank Closure as required in 40 CFR, Part 280.71 (a). For further information contact the U. S. Environmental Protection Agency RCRA / Superfund Hotline at 800-424-9346

SITE LOCATION: 700 WILSON ROAD SW
 WASHINGTON, D.C.

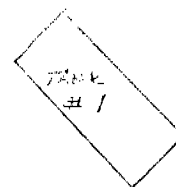
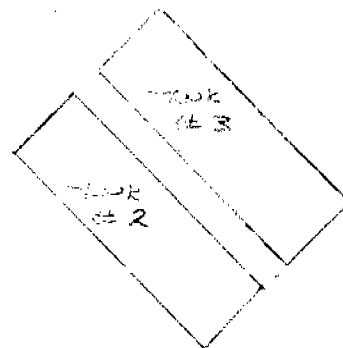
11/1/80

SW

9:00 AM

NOTE: TANKS LOCATED WITH METAL
 DETECTOR

ALL 3 TANKS NOT OPEN TO
 AIR. ALL 3 TANKS WERE
 FULL.



WILSON ROAD

WILSON ROAD

SW

SW